

# Health Behavior Theory



National Cancer Institute

# Theory at a Glance

A Guide For Health Promotion Practice

U.S. DEPARTMENT  
OF HEALTH AND  
HUMAN SERVICES  
National Institutes  
of Health

# Why Is Health Behavior Theory Important?

- ◆ A theory presents a systematic way of understanding events or situations
- ◆ Health theories are **frameworks** that help us understand the nature of health behaviors
- ◆ They are made up of various “**constructs**” that help explain a behavior or determine how a person is likely to behave under a given set of circumstances

# Health Theory

- ◆ Theory guides the search for reasons why people do or do not engage in certain health behaviors
- ◆ Theory provides a road map for studying problems, developing appropriate interventions, and evaluating their successes
- ◆ Theory also helps to identify which indicators should be monitored and measured during program evaluation

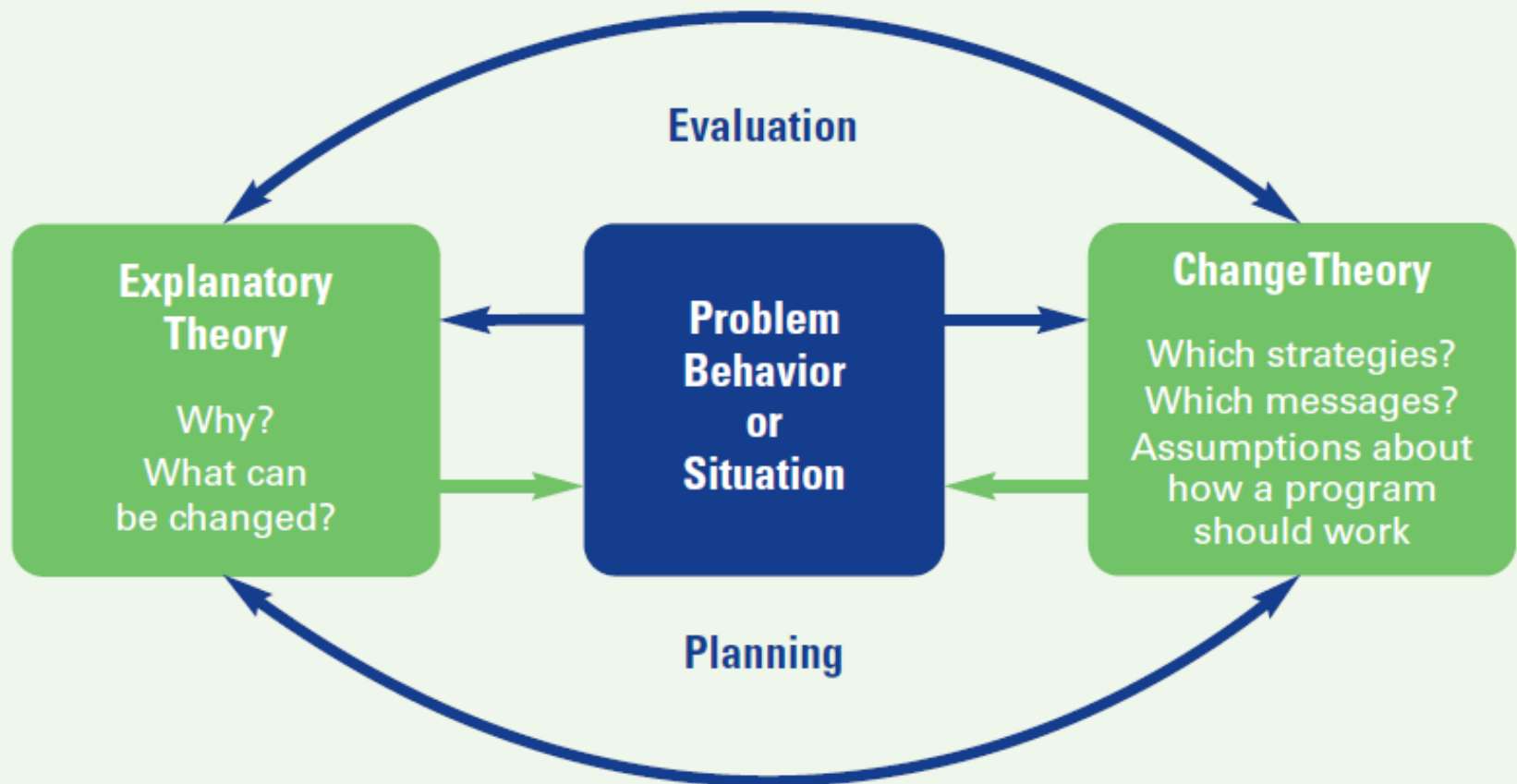
# For example, why do .....

- ◆ Young people begin to smoke or use spit tobacco?
- ◆ Adults who are fully aware of the risks associated with smoking continue to do so?
- ◆ People go to an “all-you-can-eat” buffet and eat until they are uncomfortably full?
- ◆ Many people brush their teeth every morning and night but won't floss?
- ◆ College students will repeatedly drink so much alcohol in a single evening that they will get sick and not remember anything about the evening?
- ◆ Some people exercise aerobically and others do not?

# Fitting Theory into Practice

- ◆ Explanatory theory describes the reasons why a problem or behavior exists
- ◆ Change theory guides the development of health interventions, and spells out concepts that can become messages and strategies, and offer a basis for evaluation
- ◆ Planning uses models that assist in community evaluation, needs assessment or dissemination of messaging to a group or community

**Figure 1.** Using Explanatory Theory and Change Theory to Plan and Evaluate Programs



# Characteristics of a Useful Theory

A useful theory makes assumptions about a behavior, health problem, target population, or environment that are:

- ◆ Logical
- ◆ Consistent with everyday observations
- ◆ Similar to those used in previous successful programs
- ◆ Supported by past research in the same area or related ideas



# What Health Theories Don't Do

- ◆ They do not explain all aspects of a person's behavior nor do they explain how each individual will act or behave
- ◆ Health theories are relatively weak when applied to addictive behaviors and can be hard to apply to adolescents and people who simply do not value their health

# Behavioral Science Theory

- ◆ Several behavioral science theories, including Social Learning Theory and the Theory of Planned Behavior, explain how social norms affect individual behavior
- ◆ According to these models, behavioral intention is influenced by a person's attitude toward performing a behavior, and whether individuals who are important to the person approve or disapprove of the behavior

# Behavioral Science Theory

- ◆ Psychological factors, notably beliefs and values, influence how people behave
- ◆ For example, the belief '*I am not likely to get AIDS*' could have several underlying beliefs including '*AIDS is a gay disease*' and '*my partner is not likely to be infected*'

# Behavioral Science Theory

- ◆ Individuals may perceive events as good or bad, positive or negative
  - Positive – Receive reward for compliance
  - Negative – Receive punishment for non-compliance
- ◆ Participants will respond more favorably to programs that use fear, anxiety, or threat of loss when such programs also have an effective 'threat resolution' component (because resolving a threat is reinforcing)

# The Ecological Perspective

- ◆ Emphasizes that behavior both affects, and is affected by the social environment
- ◆ Five levels of influence affect behavior:
  1. Intrapersonal or individual factors
  2. Interpersonal factors
  3. Community factors
  4. Institutional or organizational factors
  5. Public policy factors

**Figure 2.** A Multilevel Approach to Epidemiology



*Source: Smedley BD, Syme SL (eds.), Institute of Medicine. Promoting Health: Strategies from Social and Behavioral Research. Washington, D.C.; National Academies Press, 2000.*

# The Ecological Perspective

- ◆ Intrapersonal Factors – An individual's knowledge, attitude, and belief will affect their behavior in areas such as:
  - Diet
  - Exercise
  - Smoking
  - Drug abuse
  - Sexual health



# The Ecological Perspective

- ◆ Interpersonal Factors – Family, friends, and peers provide social identity, support, and role definition
- ◆ What significant others in your life believe will affect your behavior

*“My family doctor says my lungs are good and has never told me I should stop smoking.”*



# The Ecological Perspective

- ◆ Community Influences or Social Norms
  - Social norms are naturally occurring standards of behavior that exert a powerful influence on members of a social group (family, peers, work group)
  - What a community accepts as reasonable affects the choices we make
  - In some parts of the rural South, it is alright for children to use smokeless tobacco; their parents buy it for them



# The Ecological Perspective

- ◆ Institutional Factors – Rules, regulations, and policies may constrain or promote recommended behaviors
  - If your workplace enacts a no smoking policy, you may be more likely to stop smoking

Comprehensive interventions have added impact when they engage community members in changing their physical and social environments, as well as changing their own behaviors and circumstance

# The Ecological Perspective

- ◆ Public Policy – Local, state, and federal policies and laws that regulate or support healthy actions and practices:
  - clean indoor air ordinances
  - seat-belt laws
  - child safety restraints
  - helmet laws
  - laws that regulate the sale of alcohol and tobacco products



# Star-Telegram

## Undoing the Texas Legislature's unwise decision

Posted Sunday, Jan. 03, 2010

The Mansfield school district's board of trustees this month wisely overrode the state Legislature's unfortunate decision to no longer require classes in technology and health for high school graduation.

Superintendent Bob Morrison told the board that district staff members recommended continuing to mandate a one-year class in technology and a half-year class in health education because they were an important part of a high school curriculum.

The Keller school board will face a similar decision in early 2010. We encourage Keller to follow Mansfield's lead.

House Bill 3, approved during the 2009 legislative session, eliminated health and technology and one semester of physical education as required classes but allowed the districts to establish their own requirements. In 2006, the state increased the number of years of required math and science from three to four each. Parents and local education officials complained that the additional requirements left too few electives for high school students.

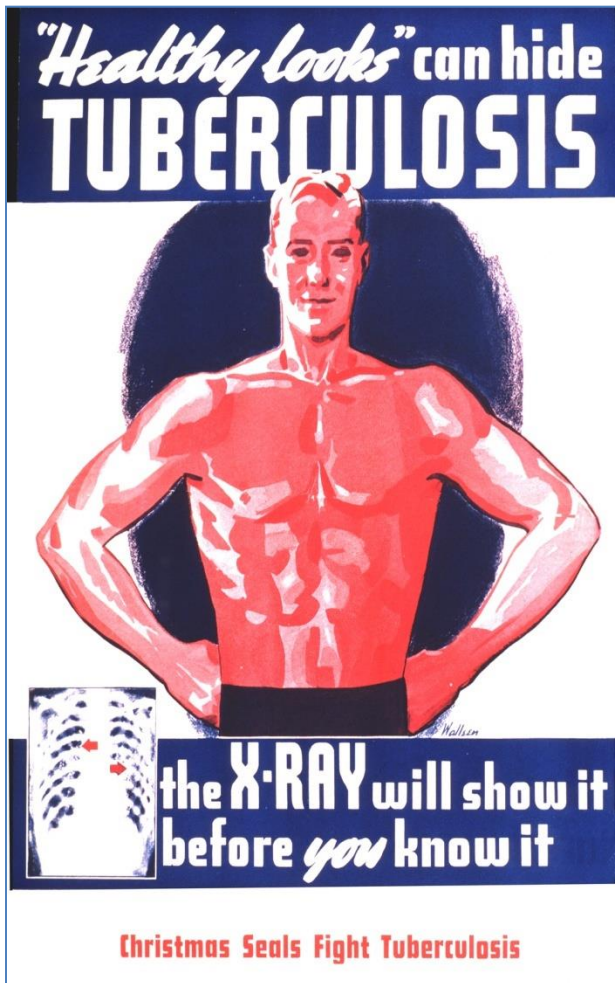
Rep. Rob Eissler, R-The Woodlands, ironically, told the *Houston Chronicle* after the bill's passage that "Our aim . . . was to make school more relevant to kids."

Eissler needs a new angle. It is laughable to imply that algebra and physics are more relevant to students' lives than their health and the ability to understand emerging technology.

# The Ecological Perspective

- ◆ The ecological perspective emphasizes the interaction between, and interdependence of, factors within and across all levels of a health problem
- ◆ It is not enough to promote individual behavior change
- ◆ Comprehensive, ecological interventions are needed at multiple levels and settings
- ◆ Each of these factors is an area where a health promotion specialist can intervene

# The Health Belief Model



- ◆ The Health Belief Model (HBM), one of the first theories of health behavior, was developed in the 1950s
- ◆ The Public Health Service was sending mobile X-ray units out to neighborhoods to offer free chest X-rays to screen for tuberculosis
- ◆ Despite the fact that this service was offered without charge in a variety of convenient locations, the program was of limited success

# Why People Take Action

- ◆ Perceived susceptibility – Believe they are susceptible to the condition
- ◆ Perceived severity – Believe the condition has serious consequences
- ◆ Perceived benefits – Believe taking action would reduce their susceptibility to the condition or its severity
- ◆ Perceived barriers – Believe costs of taking action are outweighed by the benefits
- ◆ Cues to action – Are exposed to factors that prompt action
- ◆ Self-efficacy – Are confident in their ability to successfully perform an action

Cues to act can be most powerful when delivered by a physician



# Self-Efficacy



People will only try to do what they think they can do, and won't try what they think they can't

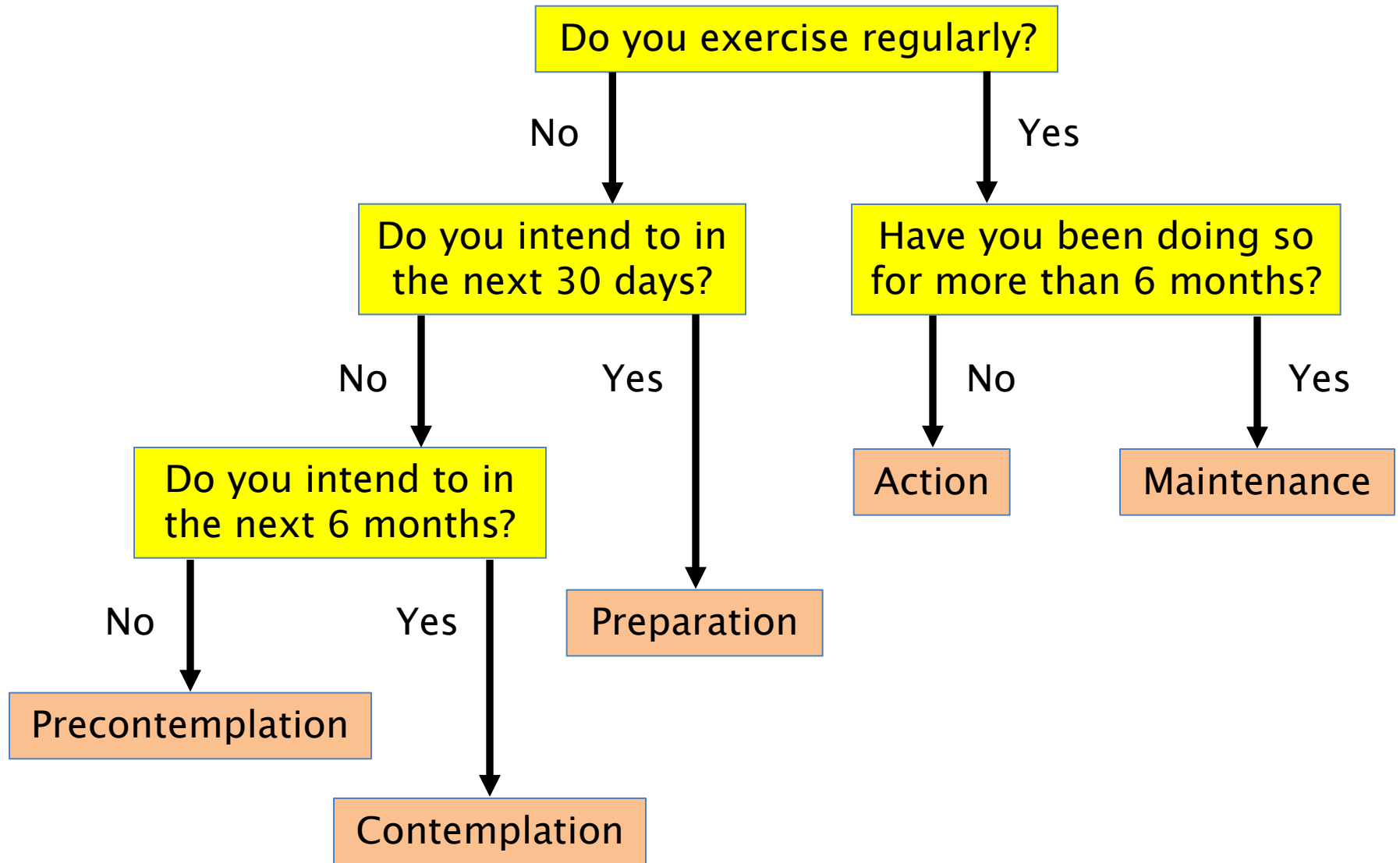


# Transtheoretical Stages of Change Model

- ◆ Developed by Prochaska and DiClemente, this model evolved out of studies comparing the experiences of smokers who quit on their own with those of smokers receiving professional treatment
- ◆ The basic premise of the TTM is that behavior change is a process, not an event
- ◆ People do not systematically progress from one stage to the next, ultimately “graduating” from the behavior change process
- ◆ Instead, they may enter the change process at any stage, relapse to an earlier stage, and begin the process once more

# Stages of Change Model

- ◆ Precontemplation – Has no intention of taking action within the next six months
- ◆ Contemplation – Intends to take action in the next six months
- ◆ Preparation – Intends to take action within the next thirty days and has taken some behavioral steps in this direction
- ◆ Action – Has changed behavior for less than six months
- ◆ Maintenance – Has changed behavior for more than six months



# Potential Change Strategies

- ◆ Precontemplation – Make people aware of the need for change relative to individual risks
- ◆ Contemplation – Try to get the person to commit to a plan
- ◆ Preparation – Help the person make a realistic plan and get him/her connected to resources
- ◆ Action – Reinforce current behavior and set up relapse prevention plans
- ◆ Maintenance – Support new behaviors, help prevent falling into old behaviors

# Cognitive Behavioral Theory

- ◆ Behavior is mediated by cognition: what people know and think affects how they act
- ◆ Knowledge is necessary for, but not sufficient to produce, most behavior changes
- ◆ Perceptions, motivations, skills, and the social environment are key influences on behavior

# Social Cognitive Theory

- ◆ Behavioral capability – Knowledge and skill to perform a given behavior
- ◆ Expectations – Anticipated outcomes of a behavior
- ◆ Self-efficacy – Confidence in one's ability to take action and overcome barriers
- ◆ Observational (Vicarious) learning – Behavioral acquisition that occurs by watching the actions and outcomes of others' behavior
- ◆ Reinforcements – Responses to a person's behavior that increase or decrease the likelihood of reoccurrence

# Behavioral Science Theory

- ◆ Acquiring new behaviors is a process, not an event, and often entails learning by performing successive approximations of the behavior
- ◆ Deliver interventions so that individuals have the opportunity to begin 'where they are' in the process, and proceed incrementally from there
  - Expect individual differences in readiness to change
  - Emphasize gradual change
  - Teach goal setting to enable participants to set their own pace for change
  - Teach self-monitoring skills so participants can chart their own progress

# General Suggestions for Practitioners

- ◆ Teach to the individual patient
- ◆ Give full disclosure
- ◆ Suggest small changes  
(let the person experience some success)
- ◆ Be specific and direct
- ◆ Adding healthy behavior may be easier than subtracting an unhealthy behavior
- ◆ Make your message “gain-framed”
- ◆ Link new behaviors to current behaviors



# General Suggestions for Practitioners

- ◆ Use the authority of your title, *“as your Doctor...”*
- ◆ *“How open are you to discussing “X” change?”*
- ◆ Get the patient to agree to changes: *“on a scale of 0 – 10 with 0 being not likely at all and 10 being highly likely, how likely are you to do this?”*
- ◆ Use multiple methods
- ◆ Involve office staff
- ◆ Refer – community agencies, national voluntary health organizations, books, other patients
- ◆ Follow up

# Assess Readiness to Change

What number best reflects how ready you are right now to start \_\_\_\_\_?

Not Ready  
to Change

Thinking of  
Changing

Not Sure /  
Uncertain

Somewhat  
Ready

Very Ready  
to Change

---

1

2

3

4

5

To help you understand your readiness to change, please complete the short quiz below:

- ◆ The goal or behavior I want to work on first is \_\_\_\_\_.
- ◆ My reasons for wanting to change this behavior are \_\_\_\_\_.
- ◆ The challenges that I have to deal with in changing this behavior are \_\_\_\_\_.
- ◆ My strategies for dealing with those challenges are \_\_\_\_\_.
- ◆ My goal for next week with respect to this behavior is \_\_\_\_\_.

# Assess Readiness to Change

Check the box next to the statement that best describes what level of change you are ready for:

- ☐ I won't do it → \_\_\_\_\_
- ☐ I can't do it → \_\_\_\_\_
- ☐ I might do it → \_\_\_\_\_
- ☐ I will do it → \_\_\_\_\_
- ☐ I am doing it → \_\_\_\_\_
- ☐ I am still doing it → \_\_\_\_\_

# Assess Readiness to Change

Check the box next to the statement that best describes what level of change you are ready for:

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> <u>I won't</u> do it       | → Pre-contemplation |
| <input type="checkbox"/> <u>I can't</u> do it       | → Pre-contemplation |
| <input type="checkbox"/> <u>I might</u> do it       | → Contemplation     |
| <input type="checkbox"/> <u>I will</u> do it        | → Preparation       |
| <input type="checkbox"/> <u>I am</u> doing it       | → Action            |
| <input type="checkbox"/> <u>I still am</u> doing it | → Maintenance       |

# Counseling your patient

- ◆ Surgeon General's 5 A's:  
Ask, Advise, Assess, Assist,  
Arrange
- ◆ “Stage” your patient
- ◆ Gain-frame your message
- ◆ Be firm and make it clear  
why you want them to  
make a quit attempt
- ◆ Provide relevant literature
- ◆ Work with family doctor or  
other professional



# Message Framing



- ◆ Gain-frame: Express what the patient will GAIN by changing the behavior, rather than what they lose by not changing
- ◆ Loss-frame: Warning them of the dangers of not changing

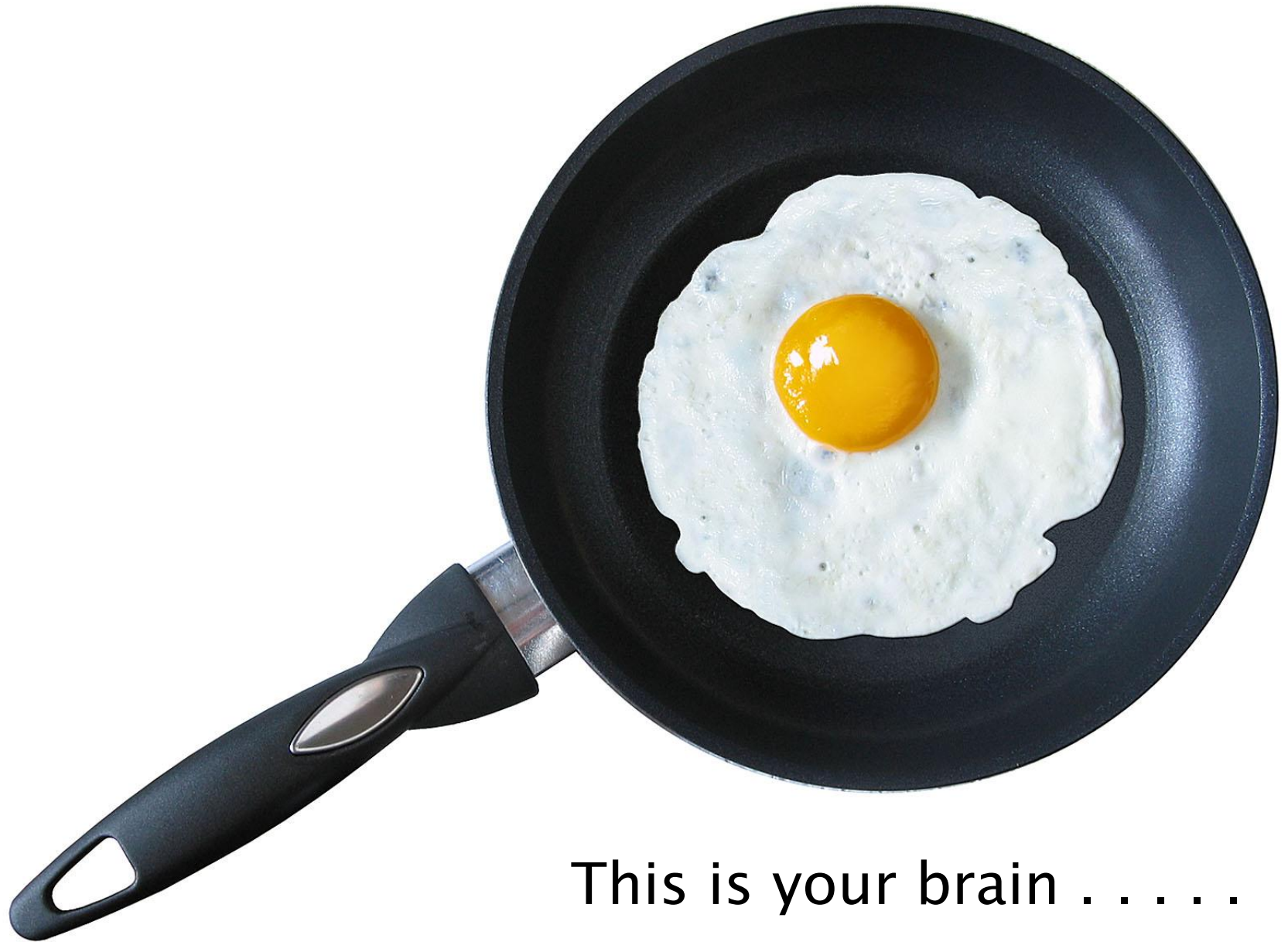
# Examples of Message Framing

Gain Frame	Loss Frame
With an active support system for yourself, you are more likely to succeed.	Without an active support system for yourself, you are less likely to succeed.
If no one smoked, 430,000 lives would be saved in the United States each year.	Because people smoke, 430,000 lives are lost in the United States each year.
In addition to the physical benefits of quitting smoking, it can also have a positive impact on one's social life.	In addition to the negative physical effects of smoking, it can have a negative impact on one's social life.
When you quit smoking: You take control of your health. You save your money. You look healthy. You feel healthy.	If you continue smoking: You are not taking control of your health. You waste your money. You look unhealthy. You feel unhealthy.
Decide for sure that you want to quit. Think positively about how you will overcome obstacles and succeed.	Decide for sure that you want to quit. Try to avoid negative thoughts about how difficult it might be.



# Which Is More Effective?

- ◆ The research is mixed on which is more effective in achieving the desired outcome:
  - Behavior change
- ◆ There is a role for both:
  - Use Loss framed (fear based) messages to increase awareness of the problem and the need for change
  - Use Gain framed messages to offer positive solutions



This is your brain . . . . .



She'll be just as happy when you quit tobacco.

**QUIT TOBACCO.**  
**make everyone proud**

We can help you quit smoking or chewing.  
Do it for yourself. And everyone who cares about you.  
Visit [www.ucanquit2.org](http://www.ucanquit2.org)



# Within 20 minutes OF QUITTING

Within 20 minutes after you smoke that last cigarette, your body begins a series of changes that continue for years.

## 20 MINUTES AFTER QUITTING

Your heart rate drops.

## 12 HOURS AFTER QUITTING

Carbon monoxide level in your blood drops to normal.

## 2 WEEKS TO 3 MONTHS AFTER QUITTING

Your heart attack risk begins to drop.

Your lung function begins to improve.

## 1 TO 9 MONTHS AFTER QUITTING

Your coughing and shortness of breath decrease.

## 1 YEAR AFTER QUITTING

Your added risk of coronary heart disease is half that of a smoker's.

## 5 YEARS AFTER QUITTING

Your stroke risk is reduced to that of a nonsmoker's 5-15 years after quitting.

## 10 YEARS AFTER QUITTING

Your lung cancer death rate is about half that of a smoker's.

Your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases.

## 15 YEARS AFTER QUITTING

Your risk of coronary heart disease is back to that of a nonsmoker's.

Source: Centers for Disease Control and Prevention. Tobacco Information and Prevention Source  
[http://www.cdc.gov/tobacco/sgr/sgr\\_2004/posters/20mins.htm](http://www.cdc.gov/tobacco/sgr/sgr_2004/posters/20mins.htm)

# 1-800-QUIT NOW

North Carolina  
Health Wellness  
TRUST FUND

IPC  
100 YEARS OF PROGRESS AND PROMISE

North Carolina  
HEALTH  
Smart

# The Benefits OF QUITTING

COMPARED TO SMOKERS, YOUR...

Stroke risk is reduced to that of a person who never smoked after 5 to 15 years of not smoking.

Cancers of the mouth, throat, and esophagus risks are halved 5 years after quitting.

Cancer of the larynx risk is reduced after quitting.

Coronary heart disease risk is cut by half 1 year after quitting and is nearly the same as someone who never smoked 15 years after quitting.

Chronic obstructive pulmonary disease risk of death is reduced after you quit.

Lung cancer risk drops by as much as half 10 years after quitting.

Ulcer risk drops after quitting.

Bladder cancer risk is halved a few years after quitting.

Cervical cancer risk is reduced a few years after quitting.

Low birth weight baby risk drops to normal if you quit before pregnancy or during your first trimester.

Peripheral artery disease goes down after quitting.

## 1-800-QUIT NOW

Source: Centers for Disease Control and Prevention.  
Tobacco Information and Prevention Source  
[http://www.cdc.gov/tobacco/sgr/sgr\\_2004/posters/benefits.htm](http://www.cdc.gov/tobacco/sgr/sgr_2004/posters/benefits.htm)



# STOP SMOKING START REPAIRING

## In 1 week

your sense of taste  
and smell improves

## In 5 years

your risk of a stroke has  
dramatically decreased

## In 3 months

your lung function  
has increased 30%

## In 12 weeks

your lungs regain the  
ability to clean themselves

## In 8 hours

excess carbon  
monoxide is out  
of your body

## In 12 months

your risk of heart  
disease has halved

## In 1 year

a pack-a-day  
smoker will  
save over  
\$4,000

## In 5 days

most nicotine  
is out of your  
body

EVERY CIGARETTE YOU **DON'T** SMOKE  
IS DOING YOU GOOD

[http://news.profitablehospitality.com/wp-content/uploads/2011/03/DOH0043\\_Tobacco-Print\\_M\\_1.jpg](http://news.profitablehospitality.com/wp-content/uploads/2011/03/DOH0043_Tobacco-Print_M_1.jpg)

# Prevention Works



**No Smoking**



**More Exercise**



**Healthier Diet**



Ready to quit?



UA 23726



UTTER  
LO  
LL

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer, Heart Disease, Emphysema, And May Complicate Pregnancy



NATURALLY  
LO  
LL

Kings, 17 mg. "tar", 1.1 mg. nicotine av. per cigarette by FTC method.

SURGEON GENERAL'S WARNING: Quitting Smoking Now Greatly Reduces Serious Risks to Your Health.

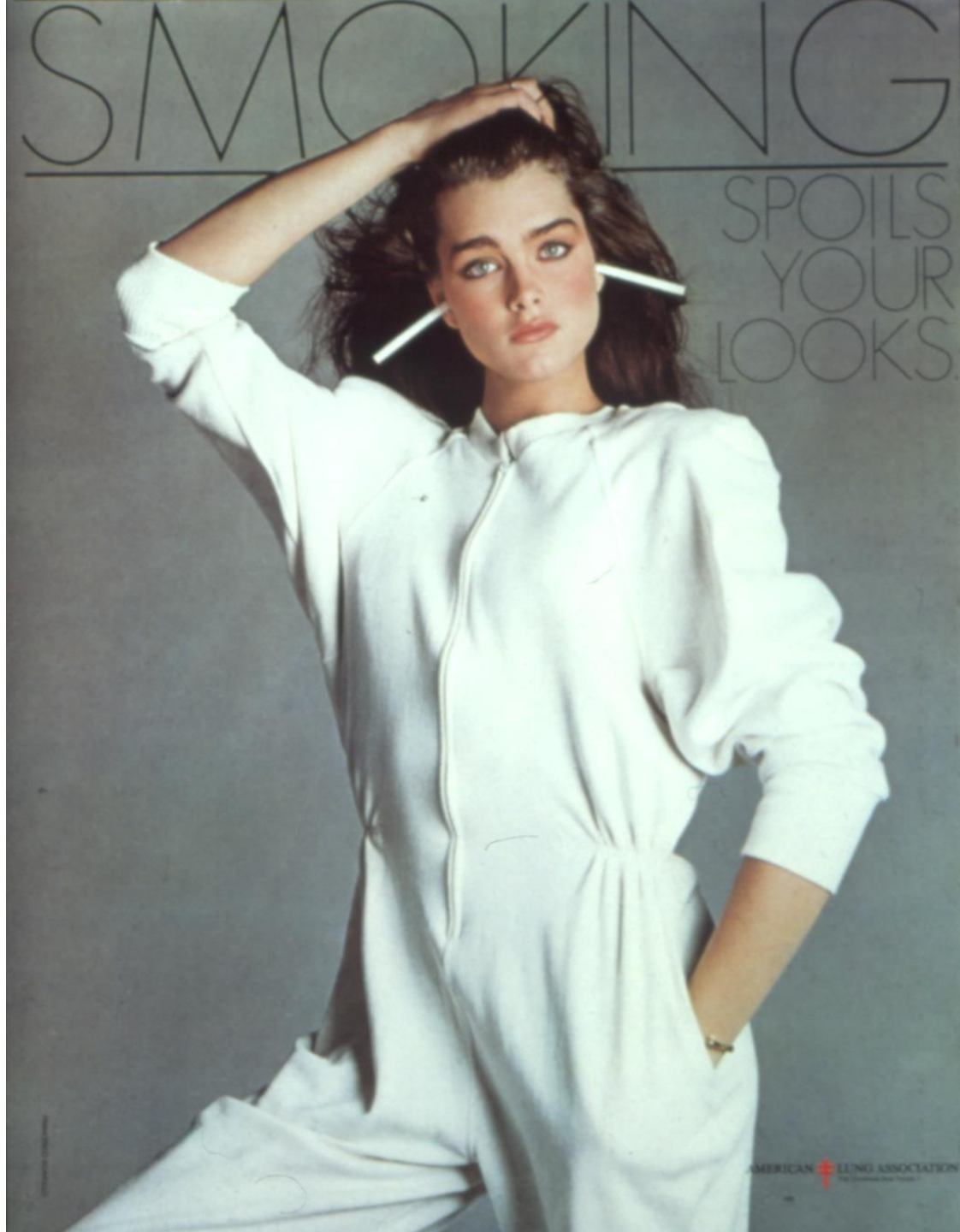












# Smoking Ages Your Skin



**Current**



**Aged Non-Smoker**



**Aged Smoker**





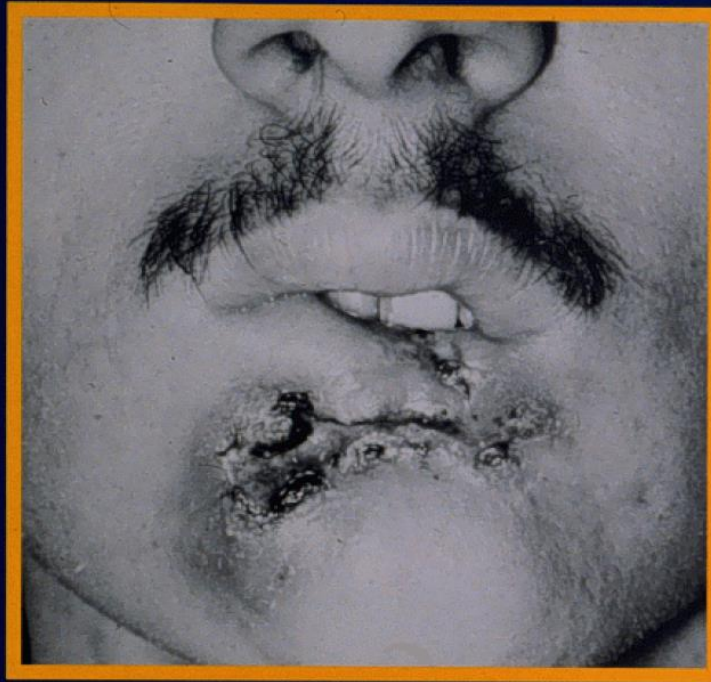




Smoking causes impotency.



Issued in Public Interest



*A fatal mouth cancer in a 28-year-old who dipped a can a day for 10 years.*

Take a Close Look at  
What the Tobacco  
Industry *Won't*  
Show You.

Beat the Smokeless Habit.  Call 1-800-4-CANCER.





**CANCER** sticks  
They're called  
that for a  
reason.

SURGEON GENERAL'S WARNING: Smoking Causes Lung Cancer



NYC



# SMOKING

CAUSES TOOTH DECAY

**QUIT SMOKING TODAY**

**CALL 311 OR 1-866-NYQUITS**

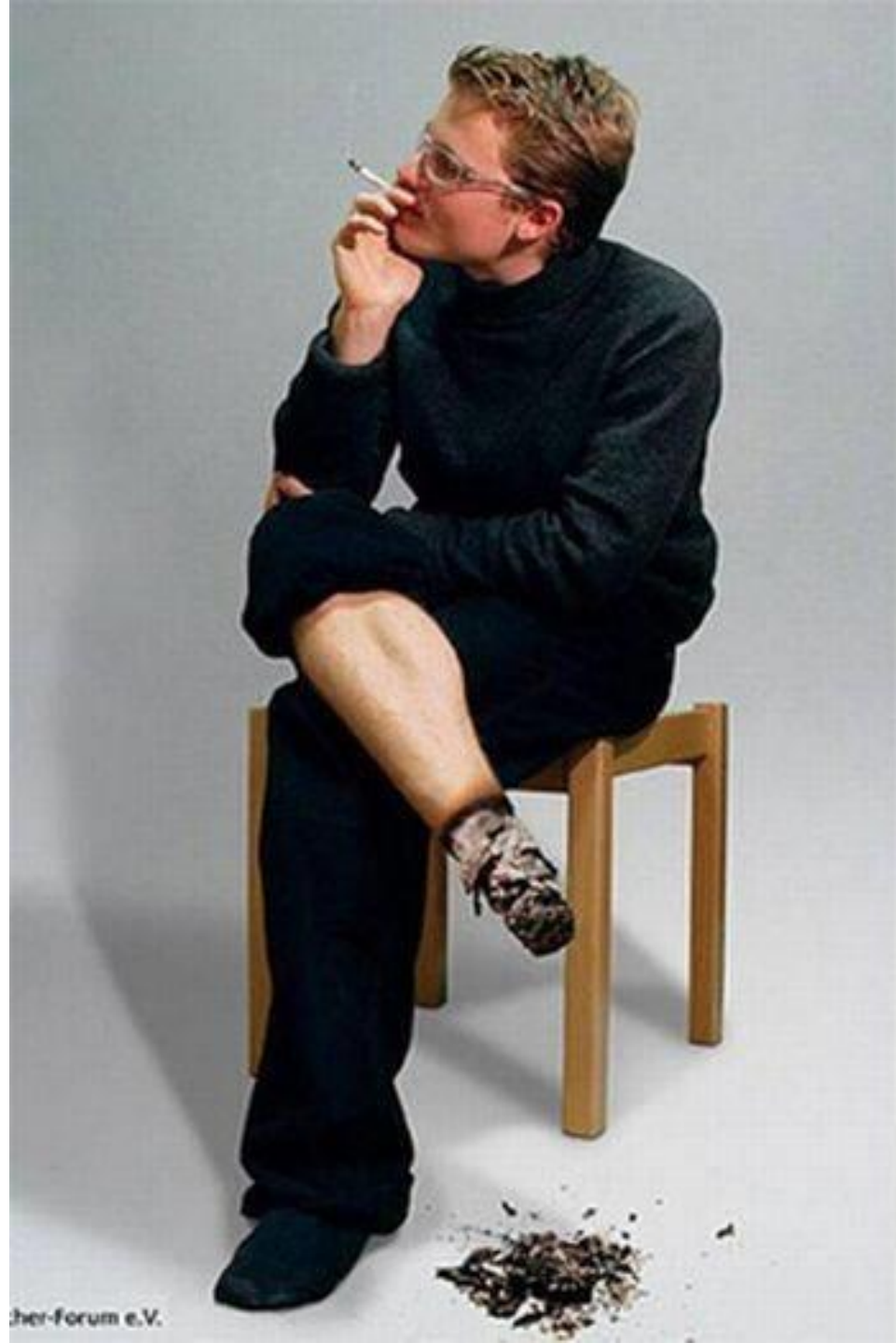
[www.nysmokefree.com](http://www.nysmokefree.com)

# Cigarettes – The Real Cost



<http://therealcost.betobaccofree.hhs.gov/>  
<https://www.youtube.com/watch?v=d4wUpdZCdRU>





A woman with long brown hair and a pink hoop earring is shown from the chest up, looking upwards with her mouth open. A fishing hook is caught in her lower lip, with a thin fishing line extending from the hook towards the top left corner of the frame. She is wearing a dark-colored hoodie.

The average smoker needs over five thousand cigarettes a year.

Get unhooked. Call 0800 169 0 169 or visit [getunhooked.co.uk](http://getunhooked.co.uk)

# Cigarettes – The Real Cost

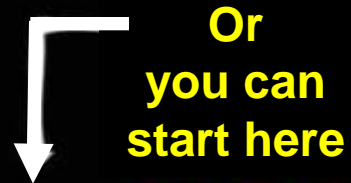
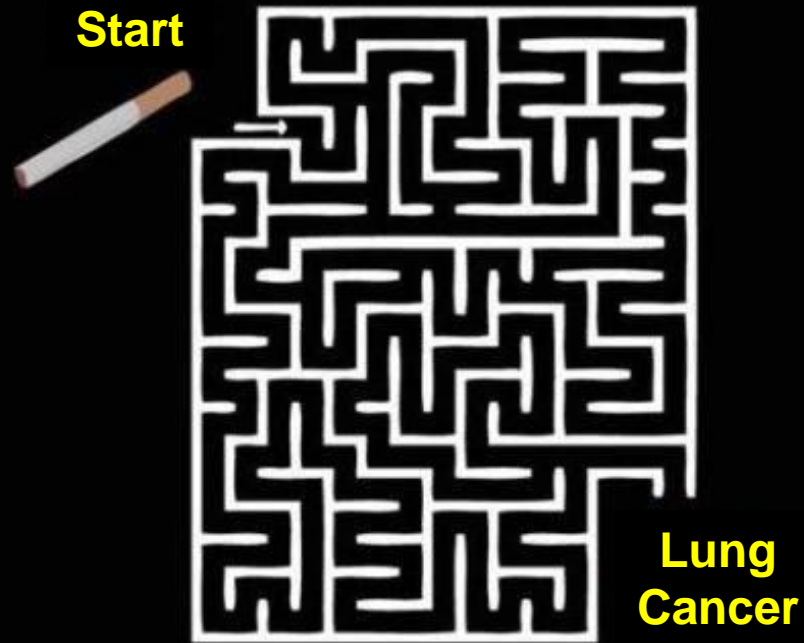


<http://therealcost.betobaccofree.hhs.gov/>  
<https://www.youtube.com/watch?v=0Su0B-KzYEK>

Smoking a pack a day  
burns \$1,800 a year.

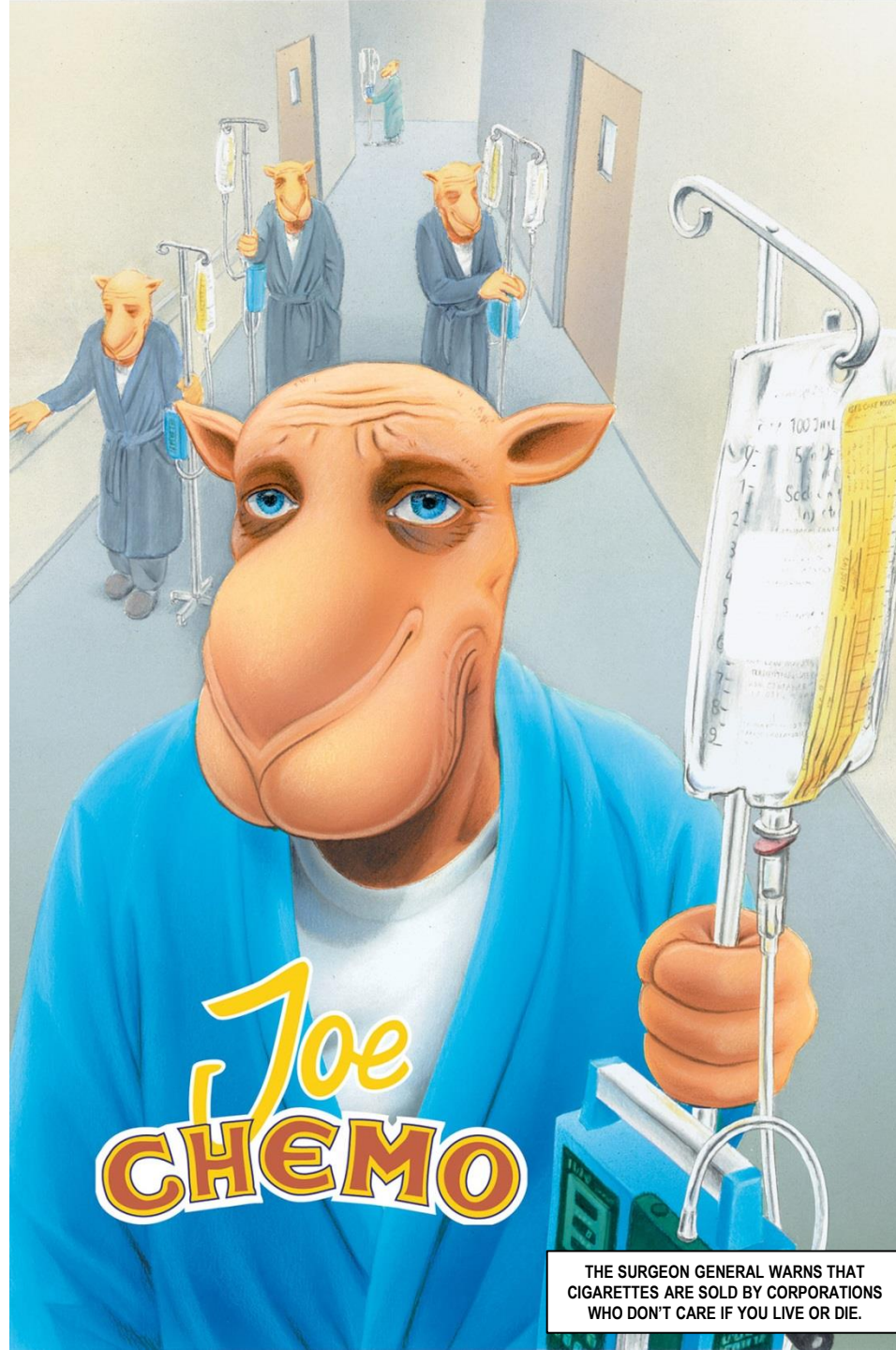
**Is it worth it?**





**Make The Right Choice.  
DON'T SMOKE.**





# Joe CHEMO

THE SURGEON GENERAL WARNS THAT  
CIGARETTES ARE SOLD BY CORPORATIONS  
WHO DON'T CARE IF YOU LIVE OR DIE.

# New crush-proof box.



# MERIT

A world of flavor in a low tar.

© Philip Morris Inc. 1984

Warning: The Surgeon General Has Determined  
That Cigarette Smoking is Dangerous to Your Health.

8 mg "tar," 0.6 mg nicotine av. per cigarette, by FTC method.











### **Moving is the best medicine.**

Keeping active and losing weight are just two of the ways that you can fight osteoarthritis pain. In fact, for every pound you lose, that's four pounds less pressure on each knee. For information on managing pain, go to [fightarthritispain.org](http://fightarthritispain.org).







**OBESITY IS SUICIDE** | But it doesn't have to end this way. Find out how bariatric surgery can help.  
The Northern Bariatric Surgery Institute. [www.cunweight.org](http://www.cunweight.org)



**OBESITY IS SUICIDE**

But it doesn't have to end this way. Find out how bariatric surgery can help.  
The Northern Bariatric Surgery Institute. [www.cutweight.org](http://www.cutweight.org)





# CAUTION: CHILDREN NOT AT PLAY.

Once, children spent their time running and playing. Today, they're more likely to be found in front of the TV. And that could mean trouble. Because lack of exercise can lead to weight problems and high blood cholesterol. Encourage your children to be more active. Fighting heart disease may be as simple as child's play. To learn more,

contact the American Heart Association, 7272 Greenville Avenue, Box 36, Dallas, TX 75231-4596.

*You can help prevent heart disease and stroke. We can tell you how.*

**American Heart Association**



# Think About It



Mom and Dad,  
Obesity can cause me to  
have health problems and  
die young. Help me eat  
the right foods and  
exercise more often.

Love,  
Your Child



My name is Tyler,  
and in nine years  
I'll be an alcoholic.

Kids who drink before age 15 are 5 times  
more likely to have alcohol problems  
when they're adults.

# START TALKING BEFORE THEY START DRINKING


To learn more,  
go to [www.stopalcoholabuse.gov](http://www.stopalcoholabuse.gov)  
or call 1.800.729.6686



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
[www.samhsa.gov](http://www.samhsa.gov)





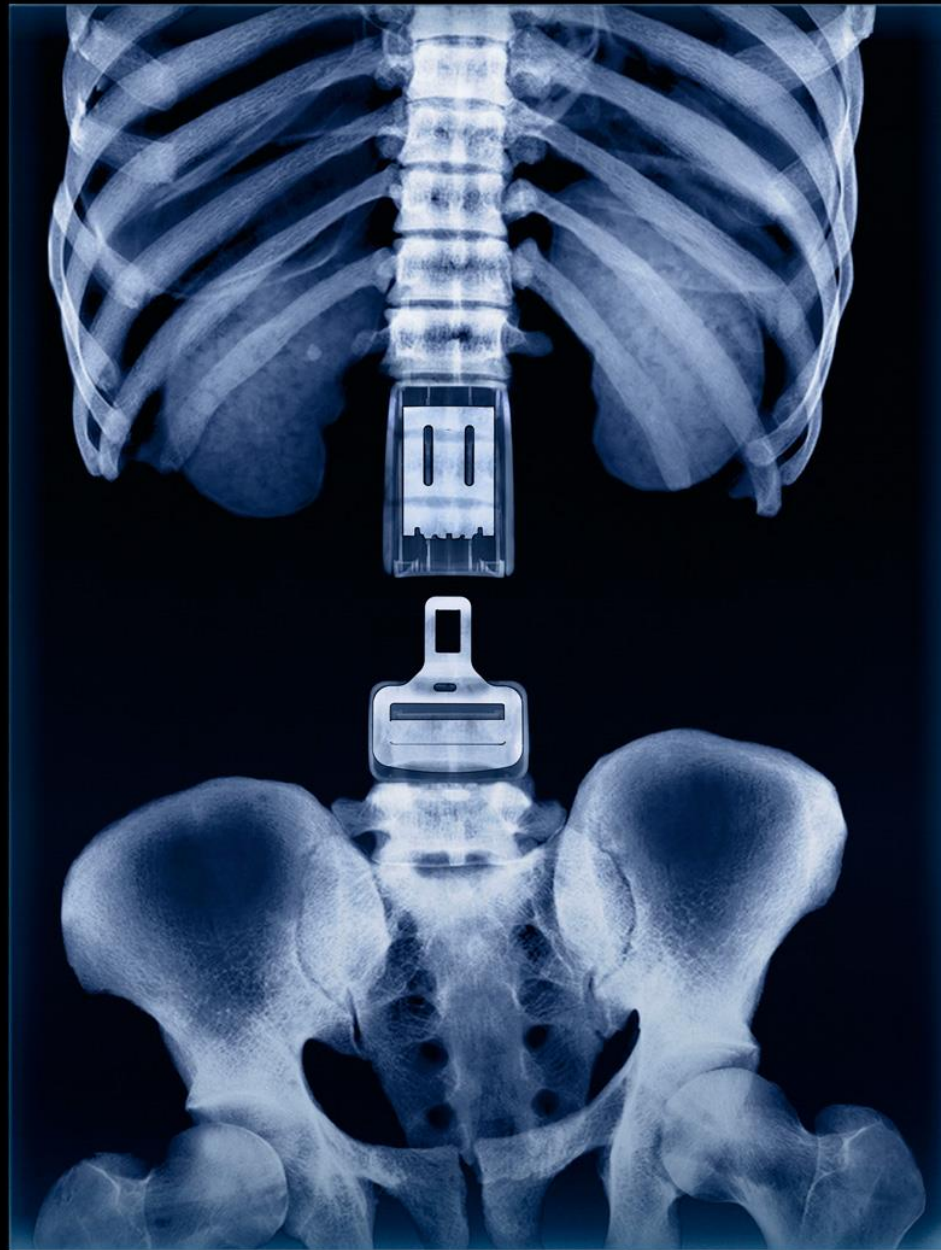


3 out of 4  
car seats aren't  
used correctly.  
Unacceptable.

The LATCH system makes it easier to be sure your child's car seat is installed correctly every time. Just clip it to the lower anchors, attach the top tether, and pull the straps tight. To find out more, visit [safercar.gov](http://safercar.gov).



U.S. Department of  
Transportation



0.80#0.6+0.30 7T1.0 2G0.4  
2.4 817 1.0\*1.0 AP  
CC:00

One click could change your future. Belt up.

DRIVE SAFE. ARRIVE SAFE.  
SAFETY BELT USE CAN SAVE LIVES.





#### Judges' Note:

Drunk driving contributes to 46% of all deaths and injuries on our roads, mainly involving drivers between the ages of 18 and 30.

With a modest budget we focused on nightclub bathrooms, speaking to those most likely to be driving home drunk after a night out. The wheelchair wheels were fitted in all the toilet cubicles.

The idea was sufficiently innovative for the media to give it coverage on TV and in print. With the added momentum from PR, the marketing budget was stretched even further.

Research conducted outside the clubs as patrons left showed the message had really hit home.





**EVERY 48 SECONDS,  
A DRUNK DRIVER  
MAKES ANOTHER PERSON  
ELIGIBLE TO PARK HERE.**

# NZ DRIVERS



HAVE **YOUR** SAY.CO.NZ



Alcohol impairs your judgement. Plan ahead. Don't drink and drive.

DRIVE SAFE. ARRIVE SAFE.  
 SPEED AND ACCIDENTS  
DON'T MIX.  
[www.officeroadsafety.wa.gov.au](http://www.officeroadsafety.wa.gov.au)



# Reckless Driving

IS ONE PARTY YOU  
DON'T WANT  
TO CRASH

( There is no cheesy slogan  
to prevent reckless driving. )



URtheSpokesperson.com

There is no spokesperson with a catchy phrase to remind the driver to slow down, stop eating, quit messing with the radio or pay attention to the road. **There's Only You. Speak Up.**

**Don't MAKEUP  
your own rules.**



**Please Drive Responsibly!**



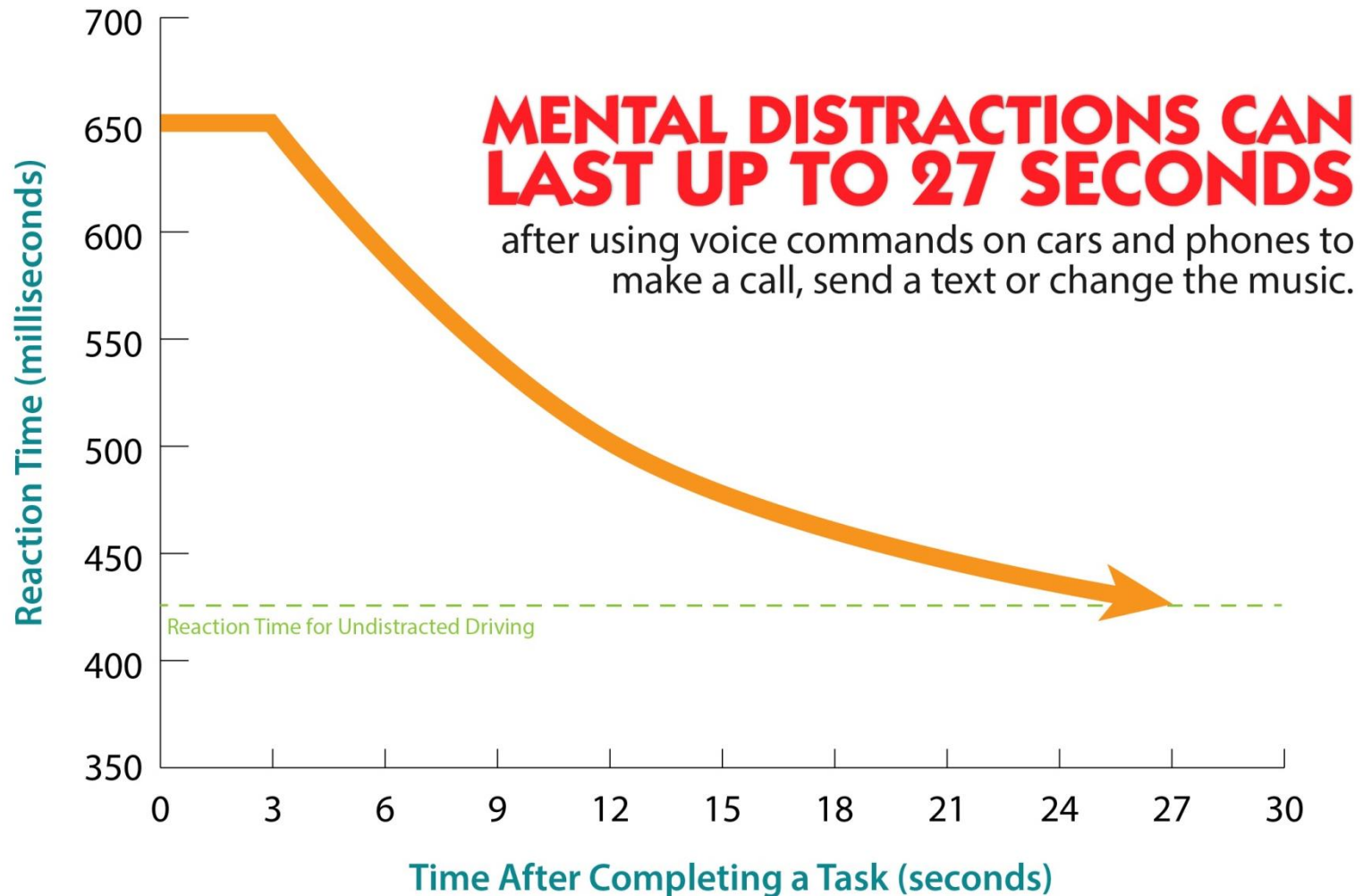


Don't talk  
while he  
drives





# Lasting Effects of Mental Distraction





These shoes were found 46 yards from  
the crash caused by a drunk driver.  
Carissa Deason was thrown 30 yards and  
not even her father, a doctor, could save her.

**Friends Don't Let Friends Drive Drunk.**

Photo by Michael Mazzeo



U.S. Department of Transportation



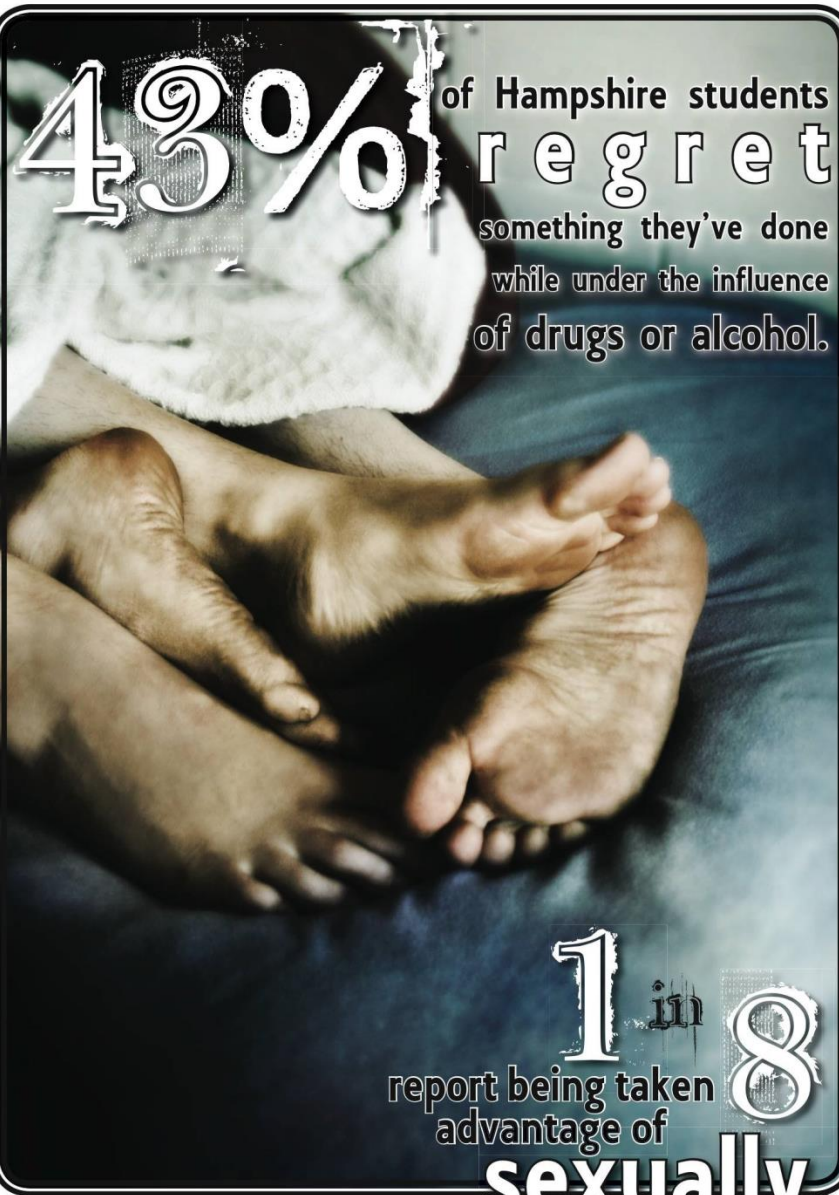


**Your DWI Attorney May Be Damn Good,  
But There's One Hole He Ain't  
Getting You Out Of.**

Think, *before* you drink.



© Copyright 2004, Manny Cruz, Public Service Messages



43% of Hampshire students regret something they've done while under the influence of drugs or alcohol.

1 in 8 report being taken advantage of sexually.

**Be safe. Drink responsibly.**

If you would like to speak to someone confidentially about a sexual assault, drug or alcohol issues, or whatever is on your mind, you may contact the *Connidor Advocates* 24/7 x6998, *Jessica Gifford*, Director of Community Health & Sexual Offense Services (SOS) Coordinator x5743 or [jgifford@hampshire.edu](mailto:jgifford@hampshire.edu) or *Counseling Services* x5458.

# Life Saver







## LIFE SAVERS.

Play safe. Be a life guard.  
Protect yourself against AIDS. Use a latex  
condom with a spermicide containing  
nonoxonyl-9 every time you have sex.  
Practice safe sex. You'll get it right.

**MAPP**

Midwest AIDS Prevention Project



Start Learning. Formula. MI 48221 1-800-545-1414





**DON'T BE  
STUPID**

**PROTECT YOURSELF  
CONDONSHOP.CH**



EACH TIME YOU SLEEP  
WITH SOMEONE, YOU ALSO  
SLEEP WITH HIS PAST.

GET TESTED FOR HIV

[AREYOUATRISK.CA](http://AREYOUATRISK.CA)





I am young  
I have a future  
to look forward to  
I love life, I  
protect myself

I get tested and  
use a condom  
every time  
I have sex.



*Shadile*



This project is sponsored by:



**It's not a game.**



**Think there is  
a Magical cure?  
Think again.**

Call 510-282-2130 About Using this Ad

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***None of these will give you  
AIDS.***



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There is no evidence that a person can get AIDS from handshakes, dishes, toilet seats, door knobs or from daily contact with a person who has AIDS.

For the facts about AIDS, call the Illinois State AIDS Hotline:

**1-800-AID-AIDS**

It's toll-free and confidential.

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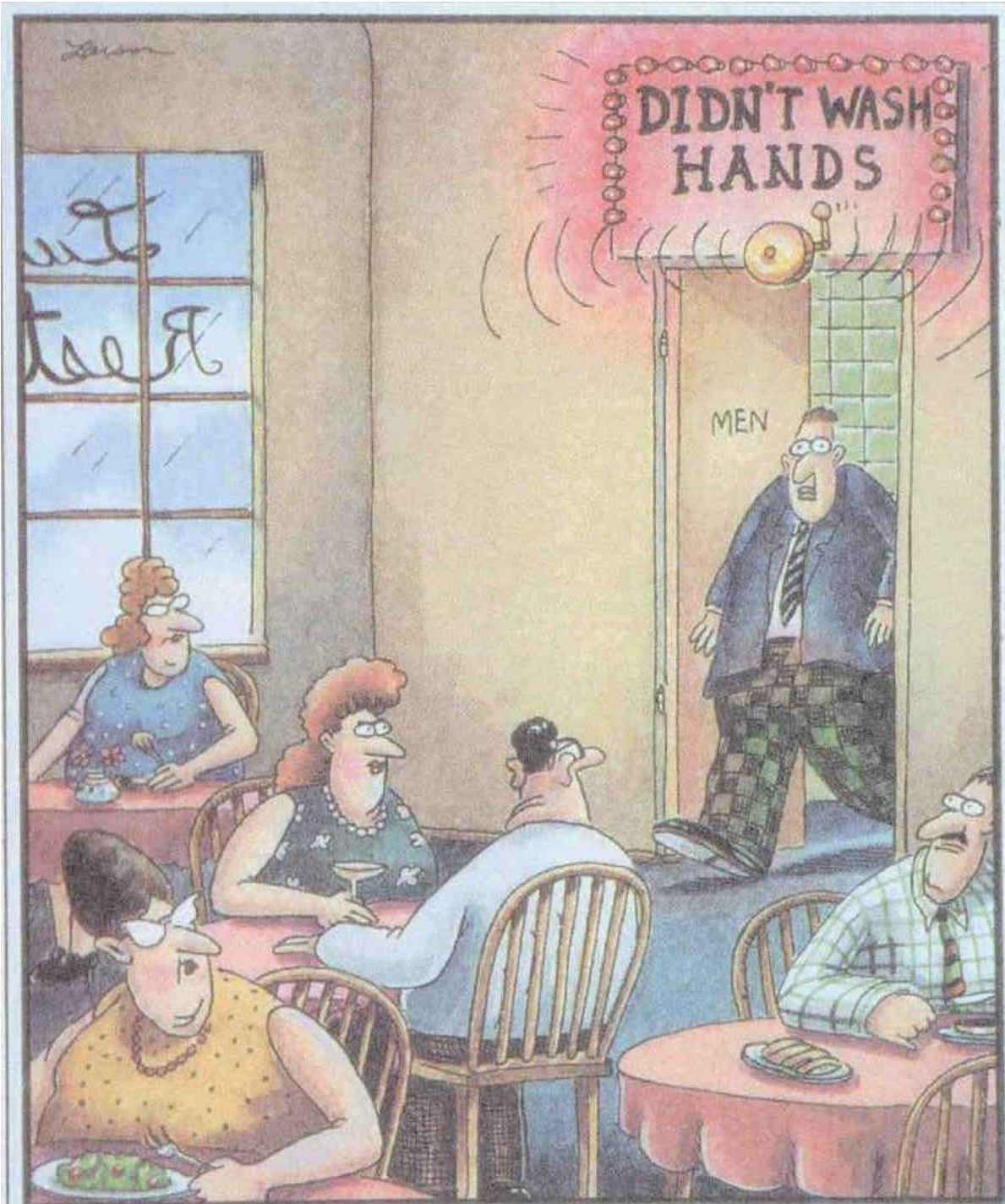


## CAUTION

92% of guys say they washed.  
34% were lying.

washyourhands.tv







1.800.563.2808  
[www.healthunit.biz](http://www.healthunit.biz)

**Wash your hands.  
Protect your health.**



**YOUR HANDS CAN BE DANGEROUS.**  
WASH THEM WITH SOAP AND WATER TO KEEP BACTERIA AT BAY.







Patient Safety

DEPARTMENT OF HEALTH & HUMAN SERVICES  
"SAFER. HEALTHIER. PEOPLE."

# CLEAN HANDS SAVE LIVES

## Protect patients, protect yourself



Alcohol-rub or wash  
before and after *EVERY* contact.

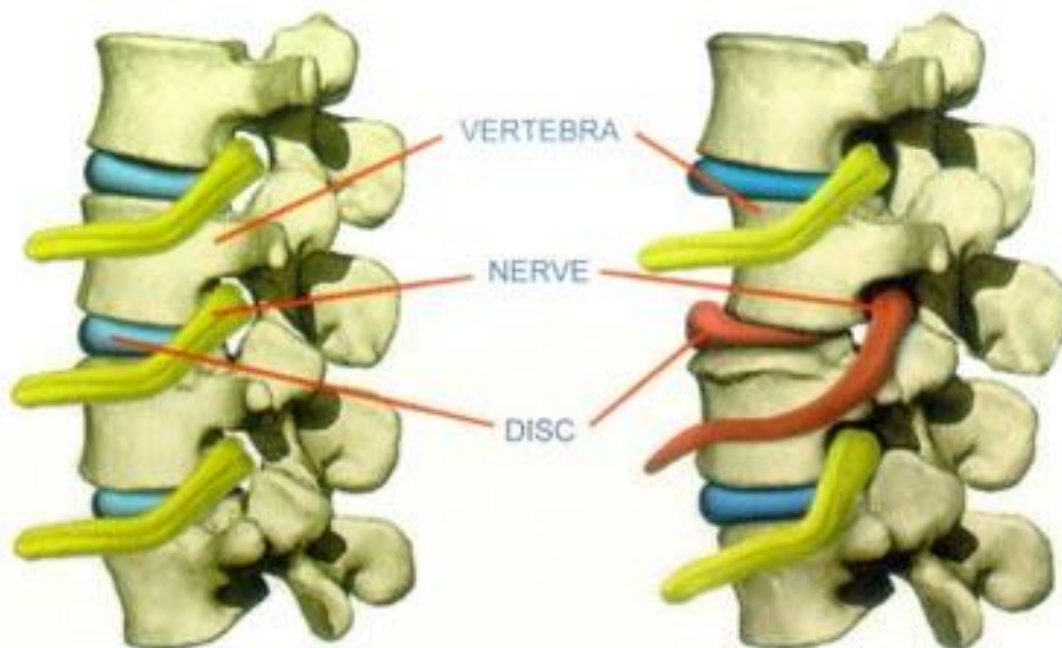


[www.cdc.gov/handhygiene](http://www.cdc.gov/handhygiene)



NORMAL

SUBLUXATION



“An untreated subluxation can produce long-term effects which result in permanent damage to the organs controlled by the affected nerves or the spine itself. When detected early it will respond well to chiropractic care with an excellent chance for a complete and painless recovery.”